

MAY 05 2006

Atty Docket No. 022363-000310US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Timothy J. Dole

Group Art Unit 2858

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Timothy J. Dole

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Lydia L. Sohn et al., Application No. 10/056,103, filed January 23, 2002 for METHOD AND APPARATUS FOR ANALYSIS OF BIOLOGICAL SOLUTIONS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Fee Transmittal - 1 pg in duplicate (2 pgs total);
2. Notice of Appeal (1 pg); and
3. Petition for Extension of Time (1 pg).

Number of pages being transmitted, including this page: **5**

Dated: May 5, 2006


Susan Jensen

**PLEASE CONFIRM RECEIPT OF THIS PAPER BY
RETURN FACSIMILE AT (415) 576-0300**

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 650-326-2400
Fax: 650-326-2422
0295

60766147 v1

MAY 05 2006

PTO/SB/17 (01-06)

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$475

Complete If Known

Application Number	10/058,103
Filing Date	January 23, 2002
First Named Inventor	Sohn, Lydia L.
Examiner Name	Timothy J. Dole
Art Unit	2858
Attorney Docket No.	022363-000310US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity

Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

360

180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

-20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

-3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

- 100 = _____ / 50 = _____

(round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge):

Notice of Appeal; and

250

Petition for Extension of Time (2 months)

225

SUBMITTED BY

Signature

Name (Print/Type)

Randolph Ted Apple

Registration No.
(Attorney/Agent)

36,429

Telephone 650-326-2400

Date May 5, 2006

60766155 v1

BEST AVAILABLE COPY